

POSITION	ID NO.	DATE
CLASSIFIER		7 8-29-94
EXAMINER		340 8-30-94
TYPIST	877356	8-30-94
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date
10	12-24
Original	1-3
98	1-3
99	1-3
96	1-3
95	1-3
97	1-3
1	1-3
+	✓ ✓ =
2	1-3
3	4
4	5
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9	10
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21	✓
22	✓
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
Final	
Original	
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